

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>6</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>0</td><td>1</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	6		D	D		0	1		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>3</td><td>1</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	5		D	D		3	1		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Mailing Address 504 SHAW RD SUITE 206		Amount <table border="1" style="width:100%"> <tr><td>4</td><td>6</td><td>3</td><td>5</td><td>.</td><td>8</td><td>5</td></tr> </table>		4	6	3	5	.	8	5																	
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City STERLING	State VA	Zip Code 20166	Transaction ID : SE.56151																								
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>3</td><td>1</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>	M	M		0	5		D	D		3	1		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>5</td><td></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>3</td><td>1</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	5		D	D		3	1		Y	Y	Y	Y	Y	Y	2	0	1	6		
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Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <table border="1" style="width:100%"> <tr><td>4</td><td>2</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr> </table>		4	2	0	0	.	0	0																	
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56152																								
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>8</td><td>8</td><td>3</td><td>5</td><td>.</td><td>8</td><td>5</td></tr> </table>	8	8	3	5	.	8	5
8	8	3	5	.	8	5		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M	M	
0	9	

D	D	
1	9	

Y	Y	Y	Y	Y	Y
2	0	1	6		

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2016	

Full Name of Payee <b>DONOR BUREAU</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 1900 N CULPEPPER ST		Amount 171.33	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE.56154
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought 91823.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 892.24	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56153
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought 91651.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1063.57
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

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09 / 19 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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		M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2016	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 2701.62	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56155
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		94524.94	

Full Name of Payee <b>LEGACY LIST MANAGEMENT INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 501.82	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.56156
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		95026.76	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3203.44
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	13102.86

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